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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES

One Ararat Boulevard  
Harrisburg, PA 17110  
February 13, 1995

(717) 657-4592

Southcentral Regional Office

Mr. Gary Stroud  
High Associates, Ltd.  
P.O. Box 10008  
Lancaster, PA 17605

Re: Facility ID No. 36-60950  
[REDACTED]  
[REDACTED]

Dear Mr. Stroud:

This is to acknowledge that we have reviewed the above referenced closure report and find it acceptable. With the exception of the submission to our office of soil disposal or remediation documentation, no further action is necessary at this time. This should not, however, be construed as a waiver of liability for any future problems which may arise as a result of conditions at the site.

Should you have any questions, please feel free to contact us at the above number.

Sincerely,

Susan King  
Hydrogeologist  
Environmental Cleanup Program

cc: Nicholas G. Patton, Edward Armstrong & Sons, Inc.



## HIGH ASSOCIATES, LTD.

A Division of High Industries, Inc.

RECEIVED  
DER-SOUTHCENTRAL REGION  
FIELD OPERATIONS

94 NOV 28 PM 1:14

ENVIRONMENTAL CLEANUP

November 21, 1994

Mr. James Flesher  
PADER  
Bureau of Water Quality Management  
Division of Storage Tanks  
South Central Region  
One Ararat Boulevard  
Harrisburg, PA 17110

Dear Mr. Flesher:

Enclosed is the closure report containing all appropriate documentation for the removal and closure of one (1) underground heating oil tank at facility #36-60950 located at 3050 Hempland Road, Lancaster, PA 17603.

After your review, please acknowledge receipt and acceptance of this closure report.

Sincerely,

*Gary Stroud*

Gerald C. Stroud  
Property Services Manager

jls

cc: Edward Armstrong & Sons

File

Enclosure

Certified Mail -- Return Receipt Requested

Industrial/Commercial Realtors

1853 William Penn Way ■ P.O. Box 10008 ■ Lancaster, PA 17605-0008

(717) 291-2284

FAX (717) 293-4488



REALTOR®



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES

One Ararat Boulevard  
Harrisburg, PA 17110

November 30, 1994

(717) 657-4592

Southcentral Regional Office

Mr. Gerald C. Stroud  
Property Services Manager  
High Associates, Ltd.  
P.O. Box 10008  
Lancaster, PA 17605-0008

Re: Facility ID No. 36-60950  
ISC Tech (Ferranti)  
3050 Hempland Road  
East Hempfield Township  
Lancaster County

Dear Mr. Stroud:

This will acknowledge receipt of your closure report for the above referenced location. A hydrogeologist will be reviewing the report and will contact you if any further information is required for approval.

Please remind the tank owner to submit an amended registration form indicating a tank status change. The status of tanks removed will change to "R", and this is to be submitted to our Central Office at the following address:

DER - Storage Tank Section  
P.O. Box 8762  
Harrisburg, PA 17105-8762

Please contact me at the above telephone number if you have any questions.

Sincerely,

Barbara A. Faletti  
Special Projects  
Environmental Cleanup Program



November 11, 1994

## TABLE OF CONTENTS

Closure Plan and Activity

Appendix A, Tank Closure Notification

Appendix B, Location Maps

Appendix C, Manifests

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Appendix F, Notification

Appendix G, Photo Documentation

## ATTACHMENT 4

UNDERGROUND STORAGE TANK  
CLOSURE REPORT FORM

Owners who are permanently closing underground storage tanks shall use this form to demonstrate that an underground storage tank closure was performed in accordance with the "Closure Requirements For Underground Storage Tank Systems" document, November 1993. PLEASE PRINT OR TYPE. COMPLETE ALL QUESTIONS.

## SECTION I. Owner/Facility/Tank/Waste Management and Disposal Information

1. Facility ID Number 36-60950 2. Facility Name Ferranti Technologies  
 3. Facility County Lancaster 4. Facility Municipality West Hempfield Twp.  
 5. Facility Address 3050 Hempland Road, Lancaster, PA- 17601  
 6. Facility Contact Person Robert Snee 7. Facility Telephone Number (717) 293-4506  
 8. Owner Name High Associates, Ltd.  
 9. Owner Mailing Address P.O. Box 10008, Lancaster, PA- 17605  
 10. Description of Underground Storage Tanks (Complete for each tank closed)

Tank Registration Number		<u>36-60950</u>			
Date of Tank Installation (Month/Year)		<u>0000</u>			
Estimated Total Capacity (Gallons)		<u>6000</u>			
Tank Material of Construction		<u>Steel</u>			
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	<b>a. Petroleum</b> Unleaded Gasoline <input type="checkbox"/> Leaded Gasoline <input type="checkbox"/> Aviation Gasoline <input type="checkbox"/> Kerosene <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> Fuel Oil No. 1 <input type="checkbox"/> Fuel Oil No. 2 <input checked="" type="checkbox"/> Fuel Oil No. 4 <input type="checkbox"/> Fuel Oil No. 5 <input type="checkbox"/> Fuel Oil No. 6 <input type="checkbox"/> New Motor Oil <input type="checkbox"/> Used Motor Oil <input type="checkbox"/> Other, Please Specify _____ <b>b. Hazardous Substance</b> Name of Principal _____ CERCLA Substance _____ <u>AND</u> Chemical Abstract Service (CAS) No. _____ <b>c. Unknown</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOTE:</b> If Hazardous Substance Block is Checked, Attach Material Safety Data Sheets (MSDS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Tank Closure (Month/Day/Year)	<u>10-26-94</u>				
Tank Closure Method (Check Only One)	<b>a. Removal</b> <input checked="" type="checkbox"/> <b>b. Closure-in-Place</b> <input type="checkbox"/> <b>c. Change-In-Service</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Registration Number						
Date of Tank Installation (Month/Year)						
Estimated Total Capacity (Gallons)						
Tank Material of Construction						
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum					
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other, Please Specify	_____	_____	_____	_____	
	NOTE: If Hazardous Substance Block is Checked, Attach Material Safety Data Sheets (MSDS)	b. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Principal CERCLA Substance AND Chemical Abstract Service (CAS) No.	_____	_____	_____	_____	
	c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of Tank Closure (Month/Day/Year)						
Tank Closure Method (Check Only One)	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Change-In-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Yes N/A

11. Briefly describe the storage tank facility and the nature of the operations which were conducted at the facility (both historical and present):

The facility, currently vacant,  
was the ISC Technology and Ferranti Technology  
industrial site. Tank housed heating oil for use on  
site.

- ☒ 12. A plot map of the site, drawn to scale, is attached. The map shows adjacent streets or roads; directions to the nearest major street or highway; buildings on the site; locations of existing and closed tanks, lines and pump islands; and locations where obvious contamination was observed.
- ☒ 13. Original, color photographs of the closure process are attached.
- ☐ ☒ 14. All applicable local permits/approvals were obtained. (Attach copies)
- ☒ 15. An amended "Registration of Storage Tanks" form was submitted to the Division of Storage Tanks.  
 Date: 10-31-94
- ☒ ☐ 16. If a reportable release was confirmed, the appropriate regional office of DER was notified by the owner or operator.  
 Date: 10-26-94 Office: Harrisburg Regional

- ☒ ☐ 17. If tanks were cleaned on-site:

- a. Briefly describe the disposition of usable product: No usable product encountered.
- b. Briefly describe the disposition of unusable product, sludges, sediments, tank bottoms and wastewater. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal): Waste material was disposed of at Lancaster Oil Company, Lancaster, PA. (see attached manifest); PAD 987266749
- c. If tank contents were determined/deemed to be hazardous waste, provide:
- (1) Generator ID Number: \_\_\_\_\_
- (2) Licensed Hazardous Waste Transporter Name and ID Number: \_\_\_\_\_

- ☐ ☒ 18. If tanks were removed from the site for cleaning:

- a. Provide the name and permit number of the processing, treatment, storage or disposal facility performing the tank cleaning: \_\_\_\_\_
- b. If tank contents were determined/deemed to be hazardous waste, provide:
- (1) Generator ID Number: \_\_\_\_\_
- (2) Licensed Hazardous Waste Transporter Name and ID Number: \_\_\_\_\_

19. Briefly describe the disposition of tanks/piping (Attach documentation of proper disposal):

Piping was removed as part of the tank system and disposed as recycled metal scrap.

- ☒ ☐ 20. If contaminated soil is excavated:

- a. Briefly describe the disposition of contaminated soil. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

Soil was placed under poly cover on site. Owner will arrange for disposal upon approval at an approved facility.

- b. If contaminated soil is determined/deemed to be hazardous waste, provide:

- (1) Generator ID Number: \_\_\_\_\_
- (2) Licensed Hazardous Waste Transporter Name and ID Number: \_\_\_\_\_



21. Briefly describe the disposition of uncontaminated soil: Soil was returned  
to the excavation as fill material.

I, GERALD C STROUD, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904  
 (Print Name)

(relating to unsworn falsification to authorities) that I am the owner of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

Gerald C Stroud  
 Signature of Tank Owner

10-26-94  
 Date

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WATER QUALITY MANAGEMENT  
DIVISION OF STORAGE TANKS

UNDERGROUND STORAGE TANK  
CLOSURE REPORT FORM

SECTION II. Tank Handling Information

Yes N/A

1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil:  
Uncontaminated soil was staged along excavation.  
Contaminated soil was placed on and under poly cover.
2. Briefly describe the closure of the piping systems including the quantity and condition of the piping:  
Less than 10' of piping was encountered and was  
closed with the tank. Piping was satisfactory.
3. Briefly describe the method used to purge the tanks of and monitor for explosive vapors: Tank  
was vented with forced air and monitored for LEL, O<sub>2</sub>,  
and toxic vapors prior to hot work and entry.
- ☒ ☐ 4. If tanks were cleaned on-site:
  - a. Briefly describe the tank cleaning process: Tanks were entered, squeegeed,  
wiped down, and vacuum pumped of all residue.
  - b. If subcontracted, name and address of company that performed the tank cleaning: \_\_\_\_\_
5. Briefly describe the condition of the tanks and any problems encountered during tank removal:  
Tank was satisfactory. Overfill and possible piping  
leaks resulted in minor contamination of soil.
- ☐ ☒ 6. If tanks were closed-in-place, briefly describe the tank fill material: \_\_\_\_\_
- ☒ ☐ 7. If contamination was suspected or observed, the "Notification of Contamination" form was submitted.

I, Nicholas G. Patton, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904  
(Print Name)

(relating to unsworn falsification to authorities) that I am the certified installer who performed the tank handling activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section II) is true, accurate and complete to the best of my knowledge and belief.

Nicholas G. Patton  
Signature of Certified Installer

752  
Installer Certification Number

11-1-94  
Date

364  
Company Certification Number



# UNDERGROUND STORAGE TANK CLOSURE REPORT FORM

[illegible]

# EDWARD ARMSTRONG & SONS, INC.

205 Greenfield Road, Lancaster, Pa. 17601

(800) 732-0021  
(717) 393-2770

November 11, 1994

Mr. Gary Stroud  
High Associates, Ltd.  
P.O. Box 10008  
Lancaster, PA. 17605

Regarding: Tank Closure Report  
Ferranti (ISC) Technologies Facility

Dear Mr. Stroud:

The project to close one (1) underground storage tank at the above listed facility was completed on October 26, 1994. A tank closure notification was filed on September 15, 1994. (see notices- Appendix A).

The following storage tank has been removed and closed:

One (1) 6000 gallon heating oil tank (36-60950/001)\*

\* The tank was registered as a 10,000 gallon tank. During excavation, the actual size was determined.

The site address of the facility is 3050 Hempland Road, Lancaster, PA., 17603. The site is in West Hempfield Township, Lancaster County. (see maps- (Appendix B). The area is served by public water and sewer. The site use is currently the vacant industrial site which housed the former ISC and later Ferranti Technologies facility. Prior use was similar. The tank stored heating oil for space heating on site.

The tank was cleaned of all residue. The residual material from the tank was disposed of at an approved facility. After inspection, the tank was hauled away for recycling as metal scrap. (see manifest- (Appendix C).

Throughout the excavation time, Russell McDaniel (I.D. Number 754) and the writer (I.D. Number 752) served as the certified tank handlers. The writer also serves as site assessor.

ENVIRONMENTAL SERVICES

A series of soil samples was obtained from the excavation site. Their specific location, identified by a number and the corresponding laboratory analysis of these samples are included (Appendices D and E). The samples were analyzed for total petroleum hydrocarbons (TPHC), and benzene, toluene, ethylbenzene, and xylene (BTEX) which can serve as an indicator of possible soil contamination by oil.

A visual inspection of the tank yielded no observable signs of degradation and the overall condition of the tank was satisfactory. A visual examination of the excavation site indicated signs of contamination most likely due to overfill and piping failure. The contamination appeared minor and in the soil region surrounding the tank (see Site Sampling and Diagrams-(Appendix D).

Upon discovery of the contamination, telephone notification was completed by the writer to the Southcentral Regional Office within two hours. A Notification of Contamination was filed with the same office on October 27, 1994 (see Notice-(Appendix F).

Approximately thirty (30) tons of contaminated soil were excavated and stored in and under poly cover on site. Field testing was continued until the contamination appeared to be removed. The soil samples were then obtained about 3' below the depth of the tank bottom (approximately 11').

The sample analysis results for the tank excavation indicate no significant petroleum hydrocarbon contamination. Prior to analysis, the samples were kept cool by ice pack. Samples were obtained by gloved hand and/or clean spade.

The site owner representative will dispose of the contaminated soil upon acceptance at an approved facility. No additional remediation related to the tank closure project appears needed at this site.

Please contact us if you have further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicholas G. Patton", written over the printed name.

Nicholas G. Patton  
Certified Tank Installer #752

UNDERGROUND STORAGE TANK  
CLOSURE NOTIFICATION FORM

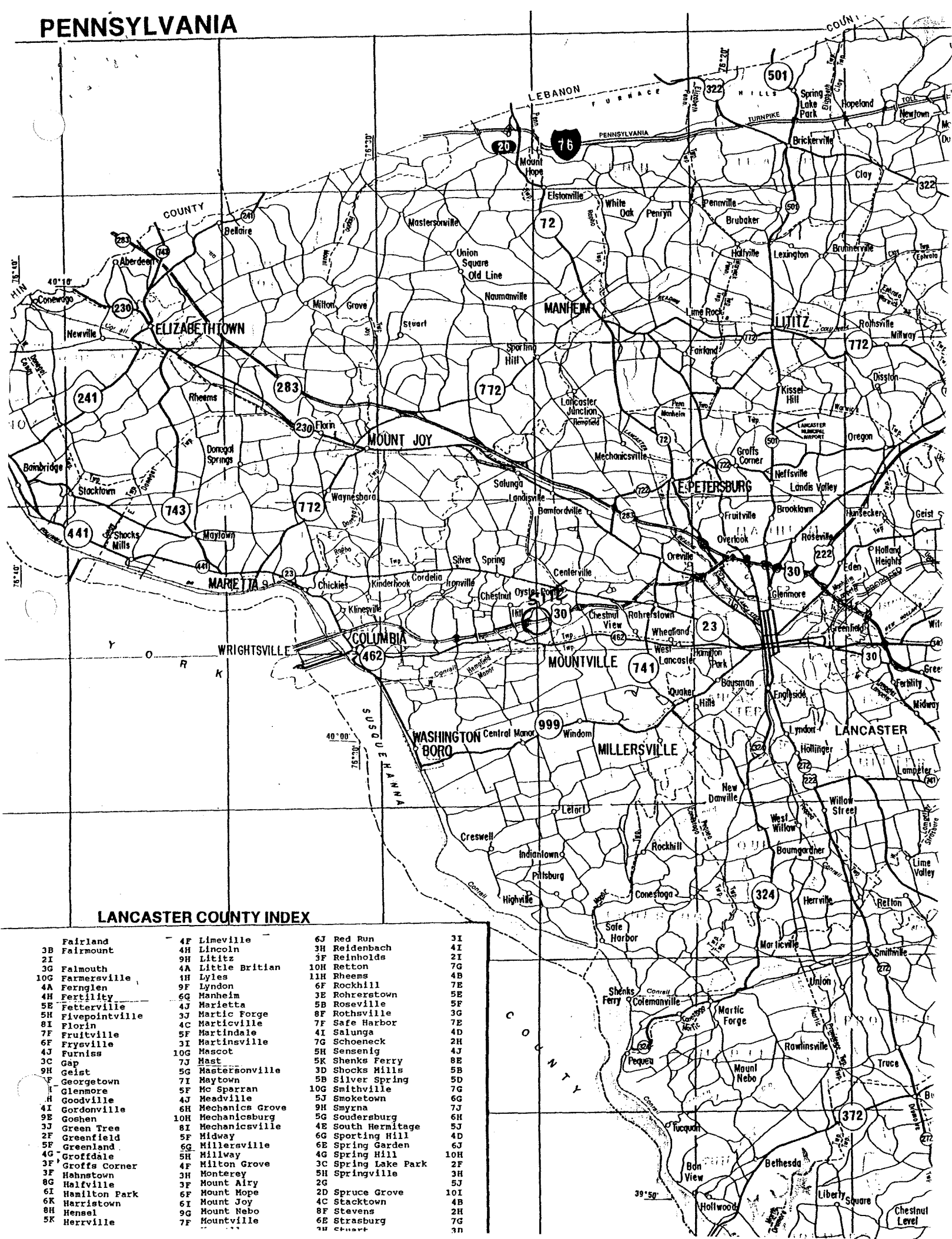
NOTE: Notification must be made to the appropriate authority as appropriate for the type of tank.

Owner Name High Associates, Ltd.		
Street Address 1853 William Penn Way, P.O. Box 10008		Phone Number ( 717 ) 291-2284
City Lancaster	State PA	Zip Code 17605-0008
II. Location of Tanks		
Facility Name ISC Tech		Facility Identification Number 36-60950
Street Address 3050 Hempland Road	Municipality East Lampeter Township	County Lancaster
Contact Person Gerald C. Stroud	Phone Number ( 717 ) 291-2284	
III. Month/Day/Year of Proposed Closure <u>10</u> / <u>19</u> / <u>94</u>		
IV. Certified Installer/Company Performing Tank Handling Activities		
Certified Installer Name To Be Determined		Installer Certification Number
Street Address		Phone Number (      )
City	State	Zip Code
Certified Company Name		Company Certification Number
V. Contractor/Individual Performing Site Assessment Activities		
Name of Contractor or Individual To Be Determined		
Street Address		Phone Number (      )
City	State	Zip Code
VI. Description of Underground Storage Tanks (See reverse side of form)		
VII. Will this closure involve replacement of at least one old tank with a new tank? Yes _____ No <u>XX</u>		
VIII. Signature of Tank Owner  <i>Gerald C. Stroud</i>		Date  <i>9-15-94</i>



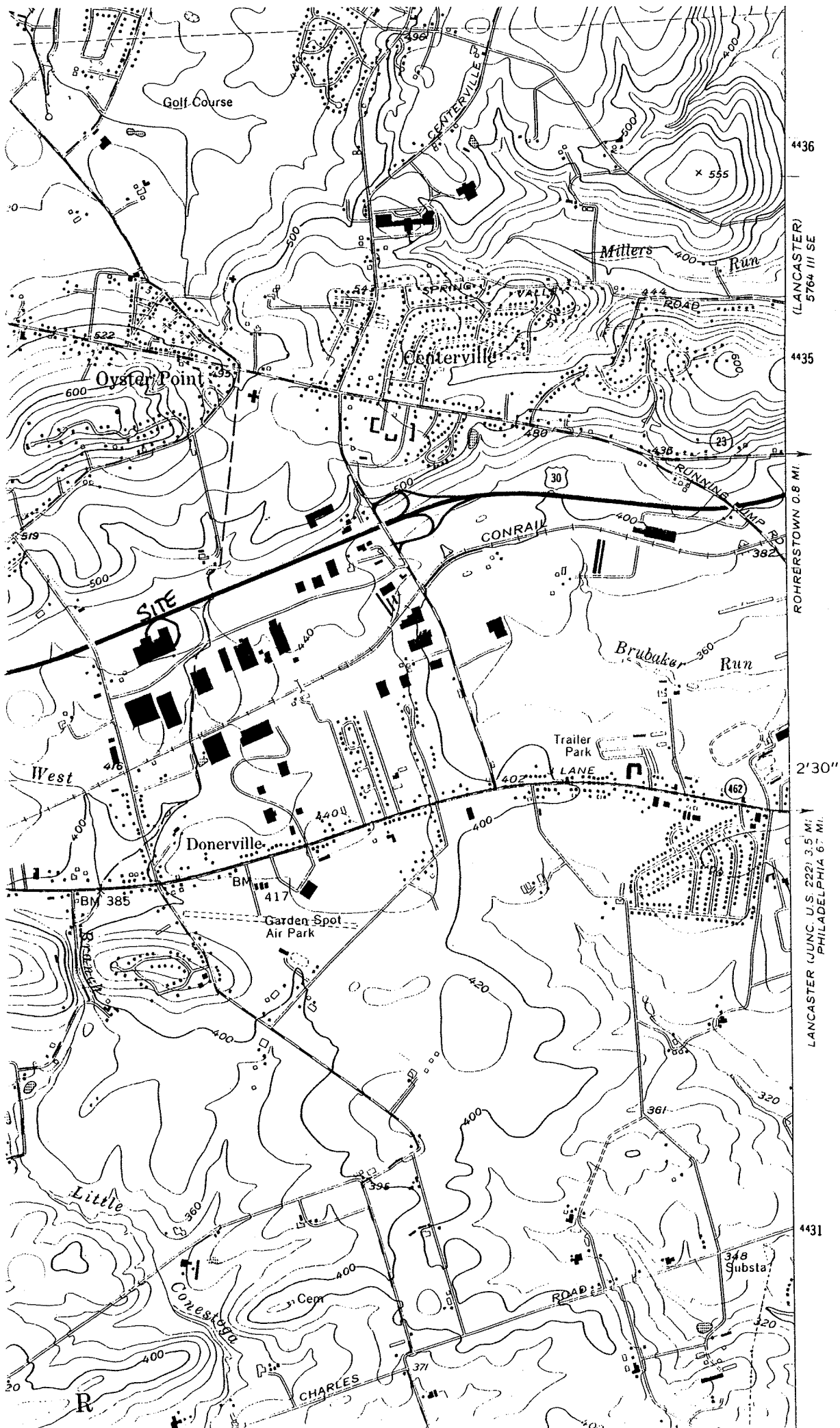
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Date of Tank Installation (Month/Year)		12-72																																																																																																																	
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Tank Material of Construction		steel																																																																																																																	
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Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)		<table border="0"> <tr> <td>a. Petroleum</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unleaded Gasoline</td> <td>     </td> <td></td> <td></td> <td></td> </tr> <tr> <td>Leaded Gasoline</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aviation Gasoline</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Kerosene</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Jet Fuel</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Diesel Fuel</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fuel Oil No. 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fuel Oil No. 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fuel Oil No. 4</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fuel Oil No. 5</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fuel Oil No. 6</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New Motor Oil</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Used Motor Oil</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other, Please Specify</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Hazardous Substance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name of Principal</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CERCLA Substance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>AND</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical Abstract</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Service (CAS) No.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Unknown</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				a. Petroleum					Unleaded Gasoline					Leaded Gasoline					Aviation Gasoline					Kerosene					Jet Fuel					Diesel Fuel					Fuel Oil No. 1					Fuel Oil No. 2					Fuel Oil No. 4					Fuel Oil No. 5					Fuel Oil No. 6					New Motor Oil					Used Motor Oil					Other, Please Specify					b. Hazardous Substance					Name of Principal					CERCLA Substance					AND					Chemical Abstract					Service (CAS) No.					c. Unknown				
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# PENNSYLVANIA



## LANCASTER COUNTY INDEX

3B Fairland	4F Limeville	6J Red Run	3I
2I Fairmount	4H Lincoln	3H Reidenbach	4I
3G Falmouth	9H Littitz	3F Reinholds	2I
10G Farmersville	4A Little Britain	10H Retton	7G
4H Fertility	1H Lyles	11H Rheems	4B
5E Fetterville	9F Lyndon	6F Rockhill	7E
5H Fivepointville	6Q Manheim	3E Rohrerstown	5E
8I Florin	4J Marietta	5B Roseville	5F
7F Fruitville	3J Martic Forge	8F Rothsville	3G
6F Frysville	4C Marticville	7F Safe Harbor	7E
4J Furniss	5F Martindale	4I Salunga	4D
3C Gap	3I Martinsville	7G Schoeneck	2H
9H Geist	10G Mascot	5H Sensenig	4J
F Georgetown	7J Mast	5K Shens Ferry	8E
H Glenmore	5G Mastersonville	3D Shocks Mills	5B
4I Goodville	7I Maytown	5B Silver Spring	5D
9E Gordonville	5F Mc Sparran	10G Smithville	7G
3J Goshen	4J Headville	9H Smoketown	7J
2F Green Tree	6H Mechanics Grove	5G Smyrna	6H
5F Greenfield	10H Mechanicsburg	4E South Hermitage	5J
4G Greenland	8I Mechanicsville	6G Sporting Hill	4D
3F Groffdale	5F Midway	6E Spring Garden	5J
3F Groff's Corner	6Q Millersville	4G Spring Hill	10H
8G Hahnstown	5H Millway	3C Spring Lake Park	2F
6I Halfville	4F Milton Grove	5H Springville	3J
6K Hamilton Park	3H Monterey	2G	10I
8H Haristown	3F Mount Alry	2D Spruce Grove	4B
5K Hensel	6F Mount Hope	4C Stacktown	2H
	6I Mount Joy	8F Stevens	7G
	9G Mount Nebo	6E Strasburg	3H
	7F Mountville	7H Stuart	



4436  
(LANCASTER)  
5764 III SE  
4435  
ROHRERSTOWN 0.8 MI.  
2'30"  
LANCASTER (UNC U.S. 222) 3.5 MI.  
PHILADELPHIA 6.7 MI.  
4431

**Lancaster  
Oil  
Company**

1062 Old Manheim Pike  
Lancaster, PA 17601  
(717) 393-2627  
FAX (717) 393-0432

Manifest No. 15081

**NON-HAZARDOUS WASTE MANIFEST**

Generator: Ferranti Bldg Date: 10/26/94  
3050 Hempstead Rd. Phone No. 291-2284  
Lancaster PA 17601 EPA ID No. \_\_\_\_\_  
Contact: Gary Strand

The Generator hereby requests and warrants that the material as listed does not contain substances at any level or combined levels that would require its listing as a hazardous waste.

Date: 10/26/94 Signature: Nicole P. Patten for High Arso. Ltd.  
Generator's Authorized Representative

Description of Waste	Form	Quantity	Circle Units	No.	Container	
					TT.	Drums
<u>Oil/Water</u>	<u>Liquid</u>	<u>75</u>	<u>Pounds</u> <u>Gallons</u>	<u>2</u>		<input checked="" type="checkbox"/>

Transporter: EDWARD ARMSTRONG & SONS INC Phone No. 717 393-2770  
205 GREENFILED ROAD EPA ID No. PAD014286009  
LANCASTER, PA. 17601 Contact: JOHN MILLER  
Tractor Tag No. AB-09624 Trailer No. —

I certify that the above specified waste is being transported in the above vehicle to the Recycling facility named below.

Date: 10/26/94 Signature: Frank R. Surveant

Facility: Lancaster Oil Company Phone No.: (717) 393-2627  
1062 Old Manheim Pike EPA ID No. PAD 987266749  
Lancaster, PA 17601 Contact: Ed Flake

The load described above is accepted at this facility.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## EDWARD ARMSTRONG &amp; SONS INC.

205 Greenfield Road

Lancaster, PA 17601

717-393-2770

1-800-732-0021

## SPECIAL WASTE MANIFEST

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number

Pick-Up Date

MO.

DAY

YR.

Company Name

Pick-Up Address

Name of Disposal Facility

Address

WASTE TYPE	QUANTITY	SOLID	LIQUID	DESCRIPTION OF WORK — Handling Instructions
1 6000K	1			UST REMOVAL
2				
3				

I certify that the above information is correct to the best of my knowledge.

Date

Signature and Title

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler

Edward Armstrong &amp; Sons, Inc.

Address

205 Greenfield Road, Lancaster, PA

I certify that the described quantity of material(s) listed in Section I was hauled by me to the Special Waste Facility named in

Section III.

Date

Signature

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility

Address

Date Waste Received

☐☐☐☐☐☐☐ Accepted☐ Rejected

I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date

Signature and Title

# EDWARD ARMSTRONG & SONS, INC.

205 Greenfield Road, Lancaster, Pa. 17601

(800) 732-0021

(717) 393-2770

CLIENT:

High Assoc.

SITE LOCATION:

Feffernii

## PERMIT/CHECKLIST FOR ENTRY, WORKING IN AND EXITING CONFINED SPACES

PLEASE INITIAL

1. Permit
2. Atmospheric Testing LEL 6 OXY 20.2
3. Monitoring
4. Medical Surveillance
5. Training of Personnel
6. Preparation
  - Isolate/lockout/tag
  - Purge and ventilate
  - Cleaning Processes
  - Requirements for special equipment/tools
7. Procedures
  - Initial plan
  - Stand-by
  - Communications/observation
  - Rescue
  - Work
8. Safety Equipment and Clothing
  - Head protection
  - Hearing protection
  - Hand protection
  - Foot protection
  - Body protection
  - Respiratory protection
  - Safety belts
  - Life line, harness
9. Rescue Equipment

Field Supervisor Signature:

Russ McDaniel

Date:

10-26-94

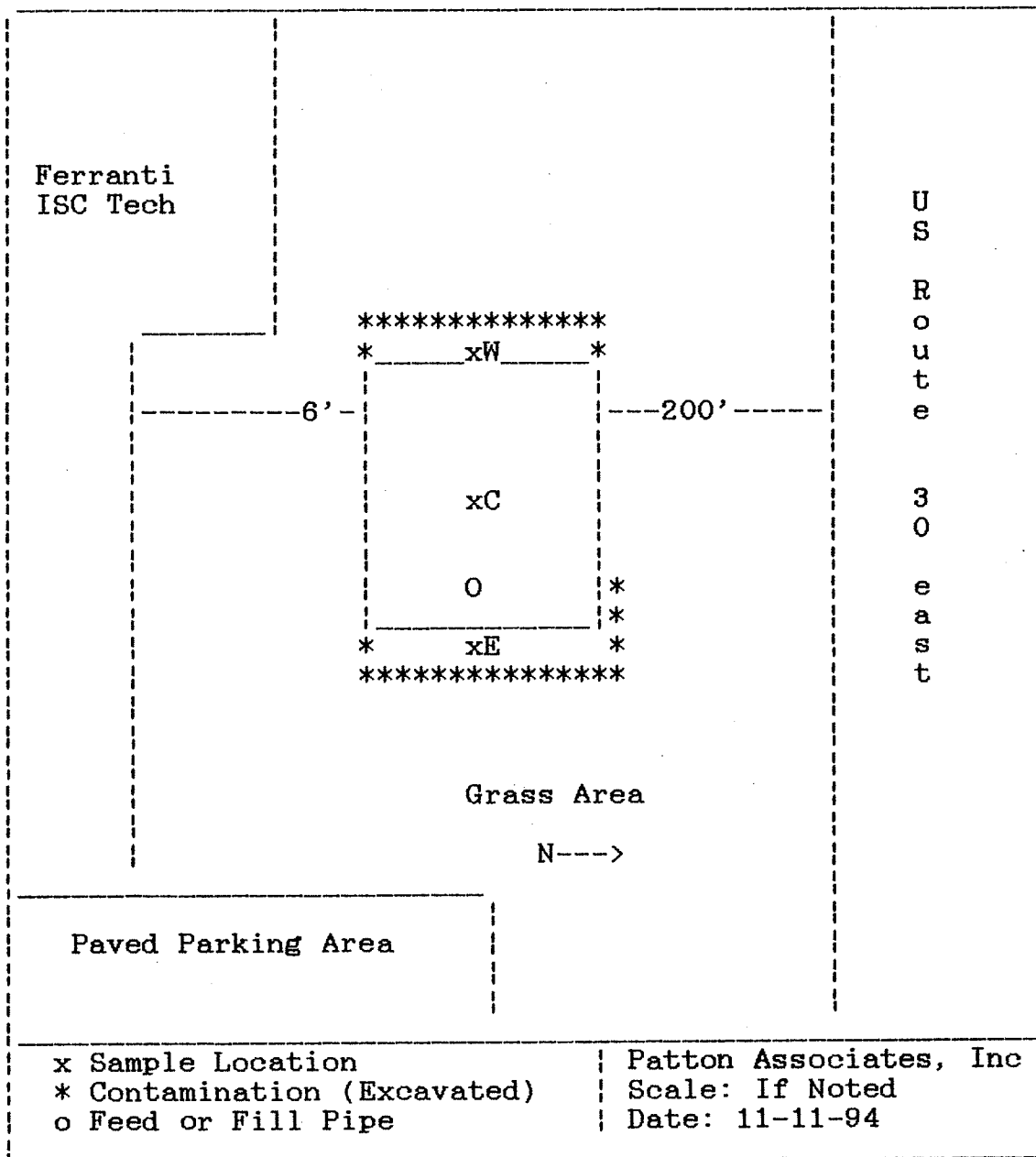
Permit Start Time:

9:50 AM

Permit End Time:

10:45 AM

SITE VIEW AND SAMPLE PLAN  
 Ferranti (ISC) Technologies, Lancaster, PA.



**ENVIRONMENTAL REFERENCE LABORATORY SERVICES**

A DIVISION OF MARYLAND MEDICAL LABORATORY, INC.  
1901 Sulphur Spring Road Baltimore, MD 21227  
(410) 247-9100 (MD) (800) 638-1731 (US) (800) 368-2576

SELVIN PASSEN, M.D.  
Director of Laboratories

EDWARD ARMSTRONG & SONS (R-80284)  
205 GREENFIELD ROAD (V-85.A)  
LANCASTER PA 17601

FERR-E  
PROJECT #:  
PROJECT NAME: HIGH ASSOC FERR  
PROJ: HIGH ASSOC FERR  
CONTACT: RUSS MCDANIEL  
SPECIMEN COLLECTED: 10/26/94 14:00  
COLLECTED BY: N PATTON  
COMPLETED REPORT: 10/28/94 01:18 AM

SAMPLE IDENTIFICATION	DATE	LAB NUMBER	LABORATORY REPORT
FERR-E	10/27/94	R94647825	

MATRIX: SOIL

SAMPLE DESCRIPTION: SOIL SAMPLES

ANALYTE	RESULT	DETECTION LIMIT	UNITS	METHODOLOGY
TPH-VOLATILE (S-SW)	NONE DETECTED	1	MG/KG	EPA 8015 MODIFIED

QUANTITATION BASED ON GASOLINE RANGE ORGANICS (GRO).

REPORTED AS VOLATILE PETROLEUM HYDROCARBONS.

DIESEL DERIVED TPH	NONE DETECTED	1	MG/KG	8015 MODIFIED
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RESULT DERIVED FROM DIESEL FUEL STANDARDS.

REPORTED AS VOLATILE PETROLEUM HYDROCARBONS.

BENZENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
TOLUENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
ETHYLBENZENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
XYLENES (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED



SIGNATURE

(COMPLETED)

10/28/94 1:18 AM

DATE REPORTED



# ENVIRONMENTAL REFERENCE LABORATORY SERVICES

A DIVISION OF MARYLAND MEDICAL LABORATORY, INC.  
1901 Sulphur Spring Road Baltimore, MD 21227  
(410) 247-9100 (MD) (800) 638-1731 (US) (800) 368-2576

SELVIN PASSEN, M.D.  
Director of Laboratories

EDWARD ARMSTRONG & SONS (R-80284)  
205 GREENFIELD ROAD (V-85.A)  
LANCASTER PA 17601

FERR-C  
PROJECT #:  
PROJECT NAME: HIGH ASSOC FERR  
PROJ: HIGH ASSOC FERR  
CONTACT: RUSS MCDANIEL  
SPECIMEN COLLECTED: 10/26/94 14:05  
COLLECTED BY: N PATTON  
COMPLETED REPORT: 10/28/94 01:18 AM

SAMPLE IDENTIFICATION FERR-C	DATE 10/27/94	LAB NUMBER R94647828	LABORATORY REPORT
---------------------------------	------------------	-------------------------	-------------------

MATRIX: SOIL

SAMPLE DESCRIPTION: SOIL SAMPLES

ANALYTE	RESULT	DETECTION LIMIT	UNITS	METHODOLOGY
TPH-VOLATILE (S-SW)	NONE DETECTED	1	MG/KG	EPA 8015 MODIFIED

QUANTITATION BASED ON GASOLINE RANGE ORGANICS (GRO).

REPORTED AS VOLATILE PETROLEUM HYDROCARBONS.

DIESEL DERIVED TPH	NONE DETECTED	1	MG/KG	8015 MODIFIED
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RESULT DERIVED FROM DIESEL FUEL STANDARDS.

REPORTED AS VOLATILE PETROLEUM HYDROCARBONS.

BENZENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
TOLUENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
ETHYLBENZENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
XYLENES (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED

*Russ A. Kael*

SIGNATURE

(COMPLETED)

10/28/94 1:18 AM

DATE REPORTED

# ENVIRONMENTAL REFERENCE LABORATORY SERVICES

A DIVISION OF MARYLAND MEDICAL LABORATORY, INC.  
1901 Sulphur Spring Road Baltimore, MD 21227  
(410) 247-9100 (MD) (800) 638-1731 (US) (800) 368-2576

SELVIN PASSEN, M.D.  
Director of Laboratories

EDWARD ARMSTRONG & SONS (R-80284)  
205 GREENFIELD ROAD (V-85,A)  
LANCASTER PA 17601

FERR-W  
PROJECT #:  
PROJECT NAME: HIGH ASSOS FERR  
PROJ: HIGH AS60C FERR  
CONTACT: RUSS MCDANIEL  
SPECIMEN COLLECTED: 10/26/94 14:10  
COLLECTED BY: N PATTON  
COMPLETED REPORT: 10/28/94 01:18 AM

SAMPLE IDENTIFICATION	DATE	LAB NUMBER	LABORATORY REPORT
FERR-W	10/27/94	R94647831	

MATRIX: SOIL  
SAMPLE DESCRIPTION: SOIL SAMPLES

ANALYTE	RESULT	DETECTION LIMIT	UNITS	METHODOLOGY
TPH-VOLATILE (S-SW)	NONE DETECTED	1	MG/KG	EPA 8015 MODIFIED

QUANTITATION BASED ON GASOLINE RANGE ORGANICS (GRO).

REPORTED AS VOLATILE PETROLEUM HYDROCARBONS.

DIESEL DERIVED TPH	NONE DETECTED	1	MG/KG	8015 MODIFIED
--------------------	---------------	---	-------	---------------

RESULT DERIVED FROM DIESEL FUEL STANDARDS.

REPORTED AS VOLATILE PETROLEUM HYDROCARBONS.

BENZENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
TOLUENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
ETHYLBENZENE (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED
XYLENES (S-SW)	NONE DETECTED	1	MCG/KG	EPA 8020 MODIFIED

*John A. Kal*

SIGNATURE

(COMPLETED)

10/28/94 1:18 AM

DATE REPORTED

**Edward Armstrong & Sons**  
205 Greenfield Rd.  
Lancaster, PA 17601  
Ph.(717) 393-2770 Fax:(717) 393-6633  
**B-80284 B-80284**

**ENVIRONMENTAL REFERENCE LABORATORY SERVICES**  
A DIVISION OF MARYLAND MEDICAL LABORATORY, INC.

1901 SULPHUR SPRING ROAD • BALTIMORE, MD 21227-0378  
BALTIMORE (410) 536-1452 • US (800) 522-9235 EXT. 1452

PROJECT NAME:	High Assoc. (Fair)
PROJECT #:	
PROJECT CONTACT/PHONE #	Russ McDonald
P.O. #	
SAMPLE HAZARDS, IF ANY:	

INDIVIDUAL TESTS					
<input checked="" type="radio"/> 83923 BTEX PLUS - 24 HR (S-SW)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/> 84616 TPH-EXTRACTABLE PETROLEUM HYDROCARBONS (S-SW)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/> 83907 TPH-VOLATILE PETROLEUM HYDROCARBONS (S-SW)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> OTHER: _____	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> OTHER: _____	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> OTHER: _____	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

SPECIAL INSTRUCTIONS: <u>TPH PRO</u>		TURN AROUND TIME:
		<input checked="" type="radio"/> ROUTINE
		<input type="radio"/> OTHER (SPECIFY):

SAMPLE I.D.	SAMPLE DESCRIPTION	DATE & TIME COLLECTED	PRESERVATION	LAB USE ONLY
ALL TESTS CHECKED ABOVE WILL BE PERFORMED ON THE FOLLOWING SAMPLES. USE AN ADDITIONAL FORM IF NECESSARY.				

[illegible]

	PRINT NAME	SIGNATURE	DATE	TIME
COLLECTED BY	Allen D. Tilton	Allen D. Tilton	10-26-91	14:00
RELEASED BY	Paul McDaniel	Paul McDaniel	10-28-94	16:00
RECEIVED BY	Don Barley	Don Barley	10-26-94	19:00
RELEASED BY				
RECEIVED BY				
RELEASED BY				
RECEIVED BY				

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**  
**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)****NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

On August 21, 1993, the Storage Tank Program's Corrective Action Process (CAP) regulations became effective. These regulations establish release reporting requirements for owners and operators of storage tanks and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 2 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide written notification to the appropriate regional office and to the local municipality, within 15 days of the notice required by Subsection 245.305(a). This form may be used to comply with Subsection 245.305(d).

**OWNERS AND OPERATORS (O/O)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.

**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

On September 21, 1991, the Storage Tank Program's Certification regulations became effective. These regulations establish standards of performance for certified installers and inspectors of storage tanks and storage tank facilities.

Subsection 245.132(a)(4) of the regulations requires certified installers and inspectors to report to the Department a release of a regulated substance or confirmed or suspected contamination of soil, surface or groundwater from regulated substances observed while performing services as a certified installer or inspector.

This form may be used to comply with Subsection 245.132(a)(4). The Department expects submission of the form within 48 hours of observing suspected or confirmed contamination. Where there is a reportable release, the form may be submitted jointly by the owner, operator, certified installer and certified inspector. In this instance, the form must be received by the appropriate regional office within 15 days of the notice required by Subsection 245.305(a).

**CERTIFIED INSTALLERS AND INSPECTORS (I/I)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.

**INSTRUCTIONS**

- I. **FACILITY INFORMATION** - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a reportable release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.
- II. **OWNER INFORMATION** - Record the name, business address and phone number of the owner of the facility identified in Section I.
- III. **REGULATED SUBSTANCE INFORMATION** - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.
- IV. **REPORTABLE RELEASE INFORMATION** - Record the date of confirmation of the reportable release, e.g., "08/21/93"; the date and regional office notified; and the date the local municipality (provide name of municipality) was sent a copy of this form. Indicate to the best of your knowledge the extent of contamination resulting from the release of the regulated substance.
- V. **INTERIM REMEDIAL ACTIONS** - Indicate the interim remedial actions planned, initiated or completed.
- VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "01/01/94". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.
- VII. **ADDITIONAL INFORMATION** - Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include in this section a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.
- VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

**PLEASE SEND COMPLETED ORIGINAL FORM TO:**

PA Department of Environmental Resources  
Environmental Cleanup Program  
Storage Tank Section

(and the appropriate address below, depending on where the FACILITY is located)

Southeast Region  
Lee Park, Suite 6010  
555 North Lane  
Conshohocken, PA 19428  
FAX: 610-832-6259/6260

Counties  
Bucks, Chester, Delaware,  
Montgomery,  
Philadelphia

Northeast Region  
Cross Valley Centre  
667 North River Street  
Plains, PA 18705  
FAX: 717-826-5448

Counties  
Carbon, Lackawanna, Lehigh,  
Luzerne, Monroe, Northamp-  
ton, Pike, Schuylkill, Susque-  
hanna, Wayne, Wyoming

Southcentral Region  
One Ararat Boulevard  
Harrisburg, PA 17110  
FAX: 717-540-7492

Counties  
Adams, Bedford, Berks, Blair, Cum-  
berland, Dauphin, Franklin, Fulton,  
Huntingdon, Juniata, Lancaster,  
Lebanon, Mifflin, Perry, York

Northcentral Region  
200 Pine Street  
Williamsport, PA 17701  
FAX: 717-327-3565

Counties  
Bradford, Cameron, Centre, Clinton,  
Clearfield, Columbia, Lycoming,  
Montour, Northumberland, Potter,  
Snyder, Sullivan, Tioga, Union

Southwest Region  
400 Waterfront Drive  
Pittsburgh, PA 15222  
FAX: 412-442-4194

Counties  
Allegheny, Armstrong,  
Beaver, Cambria, Fayette,  
Greene, Indiana, Somerset,  
Washington, Westmoreland

Northwest Region  
1012 Water Street  
Meadville, PA 16335  
FAX: 814-332-6831

Counties  
Butler, Clarion, Crawford,  
Elk, Erie, Forest, Jefferson,  
Lawrence, McKean, Mercer,  
Venango, Warren

**I. FACILITY INFORMATION (Both O/O and I/I)**

Facility Name Ferranti Technols. Facility I.D. Number 36-60950  
Street Address (P.O. Box not acceptable) 3050 Hempfield Road  
City Lancaster State PA Zip Code 17601  
County Lancaster Municipality West Hempfield Twp  
Contact Person Robert Sweeney Phone Number (717) 293-4506

**II. OWNER INFORMATION (Both O/O and I/I)**

Owner Name High Associates, Ltd.  
Address P.O. Box 10008  
City Lancaster State PA Zip Code 17605  
Phone Number (717) 293-4506

## III. REGULATED SUBSTANCE INFORMATION

A. Type of Product(s) Involved (Mark All That Apply <input checked="" type="checkbox"/> ): Both O/O and I/I	B. Quantity (Gallons) of Product(s) Released: O/O Only	C. Contamination Suspected [S] or Confirmed [C]: I/I Only
Leaded Gasoline <input type="checkbox"/>	_____	[S] _____ [C] _____
Unleaded Gasoline <input type="checkbox"/>	_____	[S] _____ [C] _____
Aviation Gasoline <input type="checkbox"/>	_____	[S] _____ [C] _____
Kerosene <input type="checkbox"/>	_____	[S] _____ [C] _____
Jet Fuel <input type="checkbox"/>	_____	[S] _____ [C] _____
Diesel Fuel <input type="checkbox"/>	_____	[S] _____ [C] _____
New Motor Oil <input type="checkbox"/>	_____	[S] _____ [C] _____
Used Motor Oil <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 1 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 2 <input checked="" type="checkbox"/>	_____	<100 <input checked="" type="checkbox"/> [C] _____
Fuel Oil No. 4 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 5 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 6 <input type="checkbox"/>	_____	[S] _____ [C] _____
Other (Specify) _____ <input type="checkbox"/>	_____	[S] _____ [C] _____
Unknown <input type="checkbox"/>	_____	[S] _____ [C] _____

## IV. REPORTABLE RELEASE INFORMATION (O/O Only)

Date Reportable Release was Confirmed: _____ m / d / y	Environmental Impacts (Mark All That Apply <input checked="" type="checkbox"/> ):
Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified: Date _____ Office _____	
Date Owner/Operator Sent Copy of this Written Notification to Local Municipality and Name of Municipality Notified: Date _____ Municipality _____	
Soil _____ <input type="checkbox"/>	
Sediment _____ <input type="checkbox"/>	
Surface Water _____ <input type="checkbox"/>	
Ground Water _____ <input type="checkbox"/>	
Water Supplies _____ <input type="checkbox"/>	

## V. INTERIM REMEDIAL ACTIONS (O/O Only)

(Mark All That Apply <input checked="" type="checkbox"/> ):	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire, Explosion and Safety Hazards Mitigated _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated Soil Excavated _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Product Recovered _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Water Supplies Provided _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VI. SUSPECTED / CONFIRMED CONTAMINATION INFORMATION (I/I Only)

Date of Observation of Suspected/Confirmed Contamination: <u>10/26/94</u> m / d / y	
Indication of Suspected Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):	Extent of Confirmed Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):
Unusual Level of Vapors _____ <input type="checkbox"/>	Product Stained or Product Saturated Soil or Back fill _____ <input type="checkbox"/>
Erratic Behavior of Product Dispensing Equipment _____ <input type="checkbox"/>	Ponded Product _____ <input type="checkbox"/>
Release Detection Results Indicate a Release _____ <input type="checkbox"/>	Free Product or Sheen on Ponded Water _____ <input type="checkbox"/>
Discovery of Holes in the Storage Tank _____ <input type="checkbox"/>	Free Product or Sheen on the Ground Water Surface _____ <input type="checkbox"/>
Other (Specify) <u>Visual of excavation</u> <input checked="" type="checkbox"/>	Free Product or Sheen on Surface Water _____ <input type="checkbox"/>
	Other (Specify) _____ <input type="checkbox"/>

## VII. ADDITIONAL INFORMATION (Both O/O and I/I)

Include a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.

During excavation of a 6,000 gallon #2 heating oil tank, visual inspection of the excavation indicated minor odor and discolored soil. A representative of the property owners was present at the site and aware of the condition. Tank closure was in progress.

## VIII. CERTIFICATION (Both O/O and I/I)

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner or Operator

\_\_\_\_\_  
Date

I, Nicholas G. Patton, hereby certify, under penalty of law as provided in 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

(Print Name)

I, Nicholas G. Patton, hereby certify, under penalty of law as provided in 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Certified Installer

10/27/94  
Date

752

\_\_\_\_\_  
Installer Certification Number

364

\_\_\_\_\_  
Company Certification Number

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

(Print Name)

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Certified Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Certification Number

\_\_\_\_\_  
Company Certification Number

PICTURE LOG

<u>Picture Number</u>	<u>Description</u>
1	Site View
2	Site View
3	Tank Cleaning
4	Contamination
5	Tank View
6	Tank View
7	Final Excavation
8	Final Excavation
9	Site Protection

MODERN LANDFILL  
R.D. #9  
York, PA 17402

Site Permit No. 100113

(717) 755-2199 (Laboratory)

Document Refer **No 9416293**

**NON-HAZARDOUS RESIDUAL WASTE MANIFEST**

1. Generator of Waste (must be filled in by producer) EPA I.D. NO. \_\_\_\_\_  
Company Name: (Print or Type) High Properties  
Pick-up Address: 3850 Shapland Rd. Lancaster PA 17605  
(No.) (Street) (City) (State) (Zip Code)  
Telephone Number: 309-2284 SIC No. \_\_\_\_\_  
Waste Stream Identification: This manifest represents a non-hazardous waste as per  
\_\_\_\_\_ E.P.A. and PA D.E.R. regulations.  
Tons: 19.73 Cubic Yards: 15 Other (Specify): \_\_\_\_\_  
Special Handling Instructions, if any: Lancaster County

MODERN ID #:

WMAA 220360

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

Signature: [Signature]  
(Name and Title)

2. Contractor: Waste Mgt. of Lancaster  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Hauler of Waste (must be filled-in by hauler) EPA I.D. No. \_\_\_\_\_  
COMPANY NAME: Thomas Trucking Inc PHONE: 414-9633  
ADDRESS: 742 Beacon Valley Pike Lancaster PA 17602  
Pick-up Date: 12-05-94 Truck No. 117 Vehicle Lic. No. 46-67066  
The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.  
Signature of authorized agent and title: [Signature] Date: 12-05-94

4. Disposer of Waste (must be filled-in by disposer)  
Company Name: (Print or Type): Modern Landfill  
Site Location: R.D. #9 Prospect Rd., York, Pennsylvania 17402  
Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on  
\_\_\_\_\_ (DISPOSAL DATE)  
Signature of authorized agent and title: [Signature]

White, Green, Canary - Landfill

Pink - Hauler

Golden Rod - Generator



MODERN LANDFILL  
R.D. #9  
York, PA 17402

Site Permit No. 100113

(717) 755-2199 (Laboratory)

Document Refer **No 9416294**

**NON-HAZARDOUS RESIDUAL WASTE MANIFEST**

1. Generator of Waste (must be filled in by producer) EPA I.D. NO. \_\_\_\_\_  
Company Name: (Print or Type) High Properties  
Pick-up Address: 3050 Highway Rd. Lancaster Pa. 17605  
(No.) (Street) (City) (State) (Zip Code)  
Telephone Number: 291-2284 SIC No. \_\_\_\_\_  
Waste Stream Identification: \_\_\_\_\_ This manifest represents a non-hazardous waste as per  
\_\_\_\_\_ E.P.A. and PA D.E.R. regulations  
Tons: 17.99 Cubic Yards 15 Other (Specify): \_\_\_\_\_  
Special Handling Instructions, if any: \_\_\_\_\_  
Lancaster County

MODERN ID #: WART 20360

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

Signature: [Signature]  
(Name and Title)

2. Contractor: Waste Mgt of Lancaster  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Hauler of Waste (must be filled-in by hauler) EPA I.D. No. \_\_\_\_\_  
COMPANY NAME: Thomas Trucking Inc PHONE: 414-9683  
ADDRESS: 743 Beaver Valley Pike Lancaster Pa 17602  
Pick-up Date: 12-5-94 Truck No. 143 Vehicle Lic. No. PA-75201 PA  
The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.  
Signature of authorized agent and title: [Signature] Date: \_\_\_\_\_

4. Disposer of Waste (must be filled-in by disposer)  
Company Name: (Print or Type): Modern Landfill  
Site Location: R.D. #9 Prospect Rd. York, Pennsylvania 17402  
Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted on  
\_\_\_\_\_ (DISPOSAL DATE)  
Signature of authorized agent and title: [Signature]

White, Green, Canary - Landfill

Pink - Hauler

Golden Rod - Generator